

# Medical Emergency Flow Sheet

Date: _____ Time: _____						Initial Emergent Status: (Check applicable area) Cardiac ____ Respiratory ____  Other _____						Patient Data:  Name: _____  Date of Birth: _____ Rank: _____					
BLS initiated by: ____ Bystander ____ RN ____ CIV Employee  ____ HM ____ MD ____ Other Provider						Allergies: _____ Unknown											
____ Witnessed ____ Unwitnessed  Time BLS initiated: _____ Time EMS arrived: _____ Time transported(EMS): _____						Current Medications:  ____ Unknown						Pediatric (Circle one) Adult  Age: _____  Weight: _____					
Personnel		First Responder:				Airway Management		Type	LPM	Time	IV Lines		Time	Site	Fluids		
		Medical Officer:						NC/FM/NRB					1.	1.	1.		
		RN:						Oral/Nasal Airway									
		Recorder:						O2 via Ambu Bag					2.	2.	2.		
		Other Personnel:						O2 via pocket mask									
Vital Signs / AED Intervention								Narrative:									
Time	Respiratory Rate	Palpable Pulse Y or N	AED Shocks	Heart Rate	B/P												
Record Review for Completeness:																	
Recorder: _____						Transferred to: _____											
MO in charge: _____						Ambulance Service: _____											